

# **City of Frankfort**

# Request for Proposal Bid Number 215001-20

The City of Frankfort hereby requests proposals for **Administration of On-Site Health Clinic** to be provided in accordance with terms, conditions and specifications established herein.

Sealed proposals will be received by the Purchasing Agent, until **2:00 PM**, prevailing local time, on **October 23, 2015**.

Proposals received after the date and time set for opening proposals will not be considered for award of a contract and will be returned unopened to the Proposer. It is the sole responsibility of the Proposer to assure that his/her proposal is received by the Purchasing Agent before the date and time set for opening proposals.

Proposals must be sealed in an envelope and the envelope prominently marked:

#### RFP Administration of On-Site Health Clinic

If mailed, the envelope must be addressed to:

Angie Disponette, Purchasing Agent City of Frankfort PO Box 697 Frankfort, KY 40602

Additional copies of this Request For Proposal are available from the Human Resources Department, 315 W Second Street, Frankfort, KY 40601, (502)-875-8500, at no charge.

Proposals, once submitted, may not be withdrawn for a period of sixty (60) calendar days.

The Proposer must submit one (1) master(hardcopy), one (1) electronic version in PDF or Word format on a flashdrive or CD for evaluation purposes.

The City of Frankfort reserves the right to reject any or all proposals, and to waive technicalities and informalities when such waiver is determined by the City of Frankfort to be in its best interest.

Signature of this proposal by the Proposer constitutes acceptance by the Proposer of terms, conditions and requirements set forth herein.

Minor exceptions may not eliminate the proposal. Any exceptions to the specifications established herein shall be listed in detail on a separate sheet and attached hereto. The City of Frankfort shall determine whether any exception is minor.

The City of Frankfort encourages the participation of minority- and women-owned businesses in City of Frankfort contracts.

Please do not contact any City staff member or any other person involved in the selection process other than the designated contact person(s) regarding the project contemplated under this RFP while this RFP is open and a selection has not been finalized. Any attempt to do so may result in disqualification of the firm's submittal for consideration.

# **Laws and Regulations**

All applicable state laws, municipal ordinances and regulations of all authorities having jurisdiction over the project shall apply to the contract, and shall be deemed to be incorporated herein by reference.

# **Equal Employment Opportunity**

The Entity (regardless of whether construction contractor, non-construction contractor or supplier) agrees to provide equal opportunity in employment for all qualified persons, to prohibit discrimination in employment because of race, color, creed, national origin, sex, gender identity, sexual orientation, or age, and to promote equal employment through a positive, continuing program from itself and each of its subcontracting agents. This program of equal employment opportunity shall apply to every aspect of its employment policies and practices.

# **Kentucky Equal Employment Opportunity Act**

The successful bidder shall comply with the applicable provisions of the Kentucky Equal Employment Opportunity Act of 1978 (KRS 45.560-45.640).

#### **Contention Process**

Vendors who respond to this invitation have the right to file a notice of contention associated with the RFP process or to file a notice of appeal of the recommendation made by the Director of Finance resulting from this invitation.

Notice of contention setting forth specific reasons for contention with the RFP process must be filed in writing within 3 business days of the bid/proposal opening by (1) sending a written notice, including sufficient documentation to support contention, to the Director of Finance or (2) submitting a written request for a meeting with the Director of Finance to explain his/her contention with the RFP process. After consulting with the Human Resources Director and the City Manager and reviewing the documentation and/or hearing the vendor, the Director of Finance shall promptly respond in writing findings as to the compliance with RFP processes. If, based on this review, a RFP process irregularity is deemed to have occurred the Director of Finance will consult with the Human Resources Director, the City Manager and the City Attorney as to the appropriate remedy.

Notice of appeal of a RFP recommendation must be filed within 3 business days of the RFP recommendation by (1) sending a written notice, including sufficient documentation to support appeal, to the Director of Finance, Steve Dawson or (2) submitting a written request for a meeting with the Director of Finance to explain his appeal. After reviewing the documentation and/or hearing the vendor and consulting with the Human Resource director and the City Manager, Director of Finance shall in writing, affirm or withdraw the recommendation.

#### **SELECTION CRITERIA:**

- 1. The quality of supplier's response, outlining health and wellness services for CITY OF FRANKFORT, and the supplier's ability to carry out its proposed implementation plan.
- Supplier's commitment to provide an experienced management team that will work well within the City's culture and can coordinate wellness efforts the City's Human Resources director.
- 3. Supplier's ability to propose state-of-the-art technology solutions and maintain a flexible relationship and management approach that relates to and compliments "CITY OF FRANKFORT's" objectives.
- Past record and performance on contracts with the CITY OF FRANKFORT or other governmental agencies and private industry with respect to such factors as control of cost, quality of work and ability to meet scheduling.
- 5. Familiarity with the details of the project.
- 6. Degree of local employment to be provided by the person or firm.
- 7. Estimated cost of services.

Proposals shall contain the information necessary to evaluate the bid based on the application of these criteria. A committee composed of city employees as well as a citizen representative will evaluate the proposals.

# Questions shall be addressed to:

Kathy Fields HR Director clinic@frankfort.ky.gov 502-875-8500

#### I. GENERAL PROVISIONS

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, 29 U.S.C. 650 et. seq., as amended, and KRS Chapter 338. The Respondent also agrees to notify the CITY OF FRANKFORT in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the CITY OF FRANKFORT harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

- 2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
- 3. Addenda: All addenda, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
- 4. Proposal Reservations: CITY OF FRANKFORT reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. CITY OF FRANKFORT may consider any alternative proposal that meets its basic needs.
- 5. Liability: CITY OF FRANKFORT is not responsible for any cost incurred by a Respondent in the preparation of proposals.
- 6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by CITY OF FRANKFORT prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
- 7. Clarification of Submittal: CITY OF FRANKFORT reserves the right to obtain clarification of any point in a bid or to obtain additional information

from a Respondent.

- 8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the CITY OF FRANKFORT.
- 9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist CITY OF FRANKFORT in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,
- 10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify CITY OF FRANKFORT of such error in writing and request modification or clarification of the document if allowable by the CITY OF FRANKFORT.
- 11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
- 12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the CITY OF FRANKFORT, the CITY OF FRANKFORT may cancel this contract for cause by providing written notice to the proposer, giving at least thirty (30) days' notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the CITY OF FRANKFORT, and the CITY OF FRANKFORT may rescind the cancellation if such action is in its best interest.

#### A. Termination for Cause

(1) CITY OF FRANKFORT may terminate a contract because of the contractor's failure to perform its contractual duties

- (2) If a contractor is determined to be in default, CITY OF FRANKFORT shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. CITY OF FRANKFORT may proceed with termination if the contractor fails to cure the deficiencies within the specified time.
- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
  - (a) Failure to perform the contract according to its terms, conditions and specifications;
  - (b) Failure to make delivery within the time specified or according to a delivery schedule fixed by the contract;
  - (c) Late payment or nonpayment of bills and/or employee salaries related to this contract, or letters of indebtedness received from creditors by the purchasing agency;
  - (d) Failure to diligently advance the work under a contract for construction services:
  - (e) The filing of a bankruptcy petition by or against the contractor; or
  - (f) Actions that endanger the health, safely or welfare of the CITY OF FRANKFORT or its citizens.

# B. At Will Termination

Notwithstanding the above provisions, the CITY OF FRANKFORT may terminate this contract at will upon providing thirty (30) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the CITY OF FRANKFORT provided these goods or services were provided in a manner acceptable to the CITY OF FRANKFORT. Payment for those goods and services shall not be unreasonably withheld.

- 13. Assignment of Contract: The contractor shall not assign or subcontract any portion of the Contract without the express written consent of CITY OF FRANKFORT. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that CITY OF FRANKFORT shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of CITY OF FRANKFORT.
- 14. No Waiver: No failure or delay by CITY OF FRANKFORT in exercising any right, remedy, power or privilege hereunder, nor any single or partial

exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by CITY OF FRANKFORT in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of CITY OF FRANKFORT hereunder or shall operate as a waiver thereof.

- Authority to do Business: The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide CITY OF FRANKFORT with a copy of a resolution authorizing this action. All proposals must be signed by a duly authorized officer, agent or employee of the Respondent.
- 16. Litigation: The laws of the Commonwealth of Kentucky shall govern this AGREEMENT. Any litigation with respect to disputes arising in the interpretation or out of the performance of this AGREEMENT shall be brought in the Franklin Circuit Court or the Franklin District Court. In the event legal action is brought by the city or the SUPPLIER against the other to enforce any of the obligations hereunder or arising out of any dispute concerning the terms and conditions hereby created, the prevailing party shall be entitled to recover its reasonable attorney's fees, court costs and expenses incurred in that action from the non-prevailing party.
- 17. Ability to Meet Obligations: SUPPLIER affirmatively states that there are no actions, suits or proceedings of any kind pending against SUPPLIER or, to the knowledge of the SUPPLIER, threatened against the SUPPLIER before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of SUPPLIER to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
- 18. SUPPLIER understands and agrees that its employees, agents, or subcontractors are not employees of CITY OF FRANKFORT for any purpose whatsoever. SUPPLIER is an independent contractor at all times during the performance of the services specified.

- 19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.
- 20. SUPPLIER must execute the Equal Opportunity Agreement and the Affidavit.
- 21. Mediation: Claims, disputes or other matters in question between the parties to this AGREEMENT shall be first subject to pre-suit mediation prior to the filing of any legal claims or litigation. Pre-suit mediation is a condition precedent to litigation. The obligation to mediate is a material and essential provision of this AGREEMENT. Unless otherwise agreed in writing, the SUPPLIER shall carry on the Work and maintain its progress during any mediation or litigation, and the OWNER shall continue to make payments to the SUPPLIER in accordance with the Contract Documents, except for payments on or for items or work in dispute. Either party may initiate a mediation proceeding by submitting a request in writing to the other party within a reasonable time after the claim, dispute or other matter in question has arisen, but in no event after the applicable statute of limitations has expired. The parties shall endeavor in good faith to mutually agree upon an acceptable mediator. In the event the parties have not agreed upon a mediator within 30 days of the request for mediation, the OWNER shall select a mediator. Each party is to bear its own fees, costs and expenses of said mediation. In the event that mediation is unsuccessful, all claims, disputes or other matters in question shall be resolved in the Circuit or District Courts of Franklin County, Kentucky.
- 22. Indemnity: Bidder agrees it shall be and is responsible for the safety of its employees and Bidder agrees to indemnify and hold the City and its officials, agents and employees harmless from and against all claims, loss, damage, injury, fines, penalties, and costs, including reasonable court costs and attorney fees, caused by the negligent acts, errors or omissions in Bidder's performance of the scope of services under this contract.
- 23. Compliance with Regulations: Bidder shall comply with all requirements of federal, state and local laws, rules, city ordinances and regulations, including but not limited to HIPAA and OSHA laws, regulations and standards, applicable to the services provided to the City.
- 24. Exceptions. Bidders taking exceptions to any part or section of the Invitation shall indicate such exceptions on the bid form. Failure to indicate any such exception will be interpreted as the bidder's intent to comply fully with the requirements as written. Conditional or qualified

bids, unless specifically allowed, shall be subject to rejection in whole or in part.

- 25. Oral Statements. No oral statement shall modify or otherwise affect the terms, conditions, or specifications stated in the invitation or ensuing contract. <u>Modifications will be written</u>.
- 26. Business Status and Registration Requirements

In order to receive a bid award from the City of Frankfort, Kentucky, a bidder must be properly registered with the Occupational License Division to do business in the City. If a bidder is already registered, all of their applicable license accounts must be in "good standing" with the City. Good standing is defined as having all fees, including penalty and interest charges, relating to employee wages, and business net profits, paid in full with appropriate reporting forms filed in the offices of the City's License Division. Inquiries can be directed to the License Division, City Hall, 502-875-8504. (This clause is only for firms bidding to perform actual business in the City, not delivering equipment or supplies. This is also only relevant if the bidder is awarded the bid.)

#### 27. Insurance

SUPPLIER agrees to provide the CITY with a copy of a certificate of insurance indicating that SUPPLIER'S employees are covered by Workers Compensation insurance and a copy of a certificate of insurance indicating that SUPPLIER has Comprehensive General Liability Insurance and Professional Liability Insurance with limits of at least:

- 1. Worker's compensation and employer's liability insurance as required by the State of Kentucky;
- 2. Comprehensive automobile and vehicle insurance covering operation of owned, hired, and non-owned motor vehicles in the following amounts:

Bodily Injury \$ 1,000,000 per person

\$ 2,000,000 per occurrence

Property Damage \$ 1,000,000 per occurrence

3. Comprehensive general liability and property damage insurance in the following amounts:

Bodily Injury \$ 1,000,000 per occurrence

\$ 2,000,000 aggregate

Property Damage \$ 1,000,000 per occurrence

\$ 1,000,000 aggregate

28. Setoff: All claims for money due or to become due from the City shall be subject to deduction or setoff by the City by reason of any counterclaim or cross claim arising out of this or any other transaction with Supplier.

aggregate

29. Merger Clause: Unless it has been issued by the City in response to an offer by Supplier, this contract, including any exhibits or documents incorporated herein by reference, constitutes the final written expression of all the terms and conditions of the contract between Supplier and the City and is a complete and exclusive statement of those terms and conditions and supersedes all prior negotiations, representations or agreements, either written or oral, with respect to the subject matter of the contract, except those representations relating to warranties of quality. This contract may only be modified in writing by the City.

#### **AFFIDAVIT**

Comes the Affiant,	, and after
being first duly sworn, states under penalty of perjury as follows:	
1. His/her name is	and
he/she is the individual submitting the proposal or is the	
representative	O1 ,
the entity submitting the proposal (hereinafter referred to as "Propose	

- 2. Proposer will pay all taxes and fees, which are owed to the City of Frankfort at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.
- 3. Proposer will obtain a City of Frankfort business license, if applicable, prior to award of the contract.
- 4. Proposer has authorized the Director of Finance to verify the abovementioned information with the Division of Revenue and to disclose to the Frankfort City Commission that taxes and/or fees are delinquent or that a business license has not been obtained.
- 5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.
- 6. Proposer has not knowingly violated any provision of Chapter 39 of the City of Frankfort Code of Ordinances, known as "Ethics Ordinance ."

that h	is conduct is of	that nature or that the circumstance	exists.
	Further, Affiant	sayeth naught.	
	<del>_</del>		
STAT	E OF		
COUN	NTY OF		
before		instrument was subscribed, sworn	
the	day of	, 2015.	
	My Commissio	n expires:	
	<u> </u>	IOTARY PUBLIC, STATE AT LARG	 BE
	1,	IOTAIL TODLIO, OTATE AT LAIN	/ <b>_</b>

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit

means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware

#### **EQUAL OPPORTUNITY AGREEMENT**

#### The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:

The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.

City of Frankfort Code of Ordinances, Chapter 96.

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The City of Frankfort practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity, it is against the City policy to let contracts to companies which knowingly practice discrimination in their employment process. Violation of the above mentioned statutes and ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

<u>Bidders</u>	
I/We agree to comply with the Civil minorities, women, Vietnam veterans	Rights Laws listed above that govern employment rights of handicapped and aged persons.
Signature	Name of Business

Firm Submitting Prop	osal:		
Complete Address:	Street	City	Zip
Contact Name:		Title:	
Telephone Number:		Fax Number:	
Email address:			

# II. Specifications

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- A. Introduction
- B. Marketing Objectives
- C. Affiliated Agencies
- D. General Instructions for Completing the Proposal
- E. RFP Process and Timeline

# RFP Attachments:

Medical Utilization Reports for employees Top 100 Drug Report Health Smart Plan Summary 2015

#### A. Introduction

This Request for Proposal (RFP) is being issued by the City of Frankfort (CITY OF FRANKFORT) to administer an on-site health clinic effective with the plan year beginning: To be determined.

CITY OF FRANKFORT is a City Manager/ Commissioner form of government. It consists of: the Mayor and Board of Commissioners, Office of the City Manager, and Departments including Finance, Public Safety, Parks and Recreation, Planning and Building codes, Sewer, E-911/Emergency Management, Human Resources and Public Works.

CITY OF FRANKFORT is asking your organization to complete this Request for Proposal (RFP) in order to provide the following products and services to the City's **employees and dependents:** 

- Onsite Primary & Preventive Care in a clinic setting provided by either a physician or mid-level professional (nurse practitioner or physician assistant). The City will provide the clinic site unless otherwise agreed.
- 2. Wellness (Health Risk Assessment & health coaching/education, ongoing health promotion, screenings)
- Consumer & Clinical Decision Support through web-based tools and information systems that follow evidence-based medicine guidelines
- 4. Requirements and bid specifications:
  - a. The Vendor must have the ability to deliver online and offline health risk assessments as well as biometric screenings.
  - b. The Vendor must have a technology platform that is integrated and fully operational with Electronic Medical Records for clinicians and Personal Health Records for members. The EMR and PHR must be automatically populated by your organization with HRA data and biometric screening data validated by your clinician(s) to eliminate any self-reported data discrepancies on the part of members.
  - c. The Vendor's in-house technology platform must contain automated, evidence-based, clinical decision support logic to provide both diagnostic and treatment management guidance to the clinician and member across a minimum of 100 leading health conditions.
  - d. Fixed-fee pricing is required. The only permissible variable expense from your fee quote will be the cost of biometric screening and the cost of medications.
  - Vendor must demonstrate a strong focus on behavior-based coaching capabilities and supporting toolset in order to drive measurable population risk reduction across CITY OF FRANKFORT's population in terms of modifiable conditions.
  - f. The Vendor's implementation team must be the same team responsible for ongoing account management to ensure client satisfaction and continuity.

#### **B. Marketing Objectives:**

CITY OF FRANKFORT's goals and objectives in implementing the solutions listed above include:

- Increased participation in primary and preventive care/screening services across "CITY OF FRANKFORT's" employees and dependents population
- 2. Increased employee productivity
- 3. Improved health risk management of employees and dependents
- 4. Reduction in costs relative to healthcare
- 5. Integration with current wellness services, including;
  - a. Health Fairs
  - b. Onsite screenings (cholesterol, blood pressure, skin, bone density, lung function, hearing, vision, etc.)
  - c. Flu shots
  - d. Telephonic disease management
  - e. Onsite seminars (nutrition, exercise, health & wellness)
  - f. Customized online wellness portal that includes:
    - a.i. Health Risk Assessments
    - a.ii. Healthy Living programs
    - a.iii. Personal Health Record
    - a.iv. Wellness Tools
- 6. The contractual relationship with the supplier should be flexible and responsive to the demands of CITY OF FRANKFORT. This flexibility must also accommodate changes in volume, location of service, technology, methods of monitoring, measuring, and achieving increased levels of service.
- 7. The contract will be awarded to the supplier the CITY OF FRANKFORT determines best meets the evaluation criteria stated in this proposal.

CITY OF FRANKFORT is self-funded for its medical plan with Anthem currently as its third-party administrator. Current participation in the medical plan is approximately 300 full-time employees and 650 total covered lives. Anthem currently offers two PPO plans and one High Deductible Plan. The pharmacy benefit is carved out through Anthem for all of the plans. Attachments to this RFP include current medical plan summaries, medical utilization reports for active employees, and a separate 100 Top Drug listing for the Anthem prescription utilization.

The Clinic will not submit any claims to the third-party administrator for the health plan or workers compensation. All fees will be paid monthly by CITY OF FRANKFORT to the awarded responder. CITY OF FRANKFORT intends to provide space for the clinic using existing vacant space. The successful responder will work with staff to design the floor plan that best meets the needs of CITY OF FRANKFORT. Space will be chosen and provided by CITY OF FRANKFORT. Prior to the awarding of the contract, responders are required to thoroughly inspect the designated clinic area and provide assurance of its ability to operate a clinic on the premises.

#### C. General Instructions for Completing the Proposal

The Proposal submitted shall be specific and complete in every detail. It should be practical and prepared simply and economically, providing a straight-forward, concise description of capabilities to satisfactorily perform the contract being sought.

Supplier should not necessarily limit the proposal to the performance of the services in accordance with the document, but should clearly outline any additional services and their respective costs. Itemize all costs for each additional proposed service. Such costs shall not be commingled with the proposal price for the requested services.

To aid in the review and assessment of the completed RFP, please respond to the requirements of the RFP in the same order as listed in the Response Format. The supplier may submit additional data, exhibits, and statements that the supplier believes will provide a complete understanding of the proposal.

#### 1. General Conditions

The vendor(s) agrees to be bound by its proposal until January 27, 2016, and up to 90 calendar days thereafter (in the event the effective date is delayed), during which time CITY OF FRANKFORT may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall affect only that portion of the proposal so amended or clarified.

#### 2. Online Q & A / Oral Presentations

Due Diligence - This RFP is intended to provide suppliers with sufficient information to respond. However, it is the suppliers' responsibility to obtain any additional information. It is possible that new information will be identified and will be necessary in the preparation of responses. Should this occur, the information will be shared with all suppliers.

Questions may be submitted online from October 1 thru October 8. An attempt will be made to answer all questions and the questions and answers will be provided via email to all bidders by October 12, 2015. Questions of a technical nature should be e-mailed to clinic@frankfort.ky.gov.

Vendors selected as finalists may be required to make an oral presentation. If it is determined that such presentations are necessary, they will take place in Frankfort, Kentucky at a time designated by CITY OF FRANKFORT.

#### 3. Submission of Proposal

Proposals must be submitted under the signature of a person empowered to bind the responder's company. Responders may be asked to designate one person who is authorized to negotiate for the company. CITY OF FRANKFORT reserves the right to refuse any or all proposals.

Your submission is due no later than <u>2:00 P.M. EST on October 23, 2015.</u> No proposal submitted after this date and time will be considered. The Proposer must submit one (1) master (hardcopy), (1) electronic version and four (4) duplicates (hardcopies) of their proposal for evaluation purposes.

Proposals in response to this Request for Proposal (RFP) shall be mailed or handdelivered to:

> Angie Disponette, Purchasing Agent City of Frankfort PO Box 697 Frankfort, KY 40602

Proposals should plainly state on the outside of the package that the package contains a "Proposal to Administer On-Site Health Clinic for CITY OF FRANKFORT."

#### 4. Conflict of Interest

Firms responding to this Request for Proposal are required to disclose any potential conflict of interest. If the owner of the bidding firm is related to a CITY OF FRANKFORT employee, that relationship must be disclosed in writing and made a part of the bid response. "Related person" to a CITY OF FRANKFORT employee

means a spouse or dependent child of such employee. The term also extends to other individuals sharing the same household as well as siblings, parents and non-dependent children (including step and in-law variations of those relationships), in circumstances where CITY OF FRANKFORT employee has actual knowledge that such relative is likely to or will benefit from a particular CITY OF FRANKFORT transaction.

#### 5. Commissions

Commissions are not to be included in any of the fees quoted by any firm responding to this RFP. Nor should any agent or broker receive any compensation from your company for any services related to the submission of any proposal in response to this RFP.

#### 6. Qualifications of Responders

The vendor agrees to abide by all applicable laws, including those amendments thereto, which prohibit discrimination.

# 7. Binding Proposal Acknowledgment

Each proposal shall be signed by a duly authorized officer of the insurance company and the completed proposal shall be without interlineations, alterations, or erasures. It will be assumed that all representations made in your proposal will be binding and that your organization has agreed to all the requirements of the RFP unless specifically stated otherwise at the front of your proposal.

#### 8. Withdrawal of Proposal

Once a proposal that has been signed by a duly authorized officer of your company has been submitted to CITY OF FRANKFORT purchasing department, the proposal cannot be rescinded unless approved in writing by CITY OF FRANKFORT.

#### 9. Addenda

Amendments to this Request for Proposal may be necessary prior to the closing date.

# 10. Award of Contract – Competitive Negotiation

The vendor understands that a decision may be made by January 26, 2016 or up to 90 days thereafter.

CITY OF FRANKFORT reserves the right to reject any or all offers and to waive informalities and minor irregularities in offers received.

# 11. Proprietary Information

This RFP specifies the format, required information and general contents of proposals submitted in response to this RFP. All proposals are kept confidential prior to contract award to everyone except officers, employees and agents of CITY OF FRANKFORT.

Information areas which normally might be considered proprietary must be limited to: (1) individual personnel data, (2) customer references, (3) selected financial data, and (d) formulae and financial audits which, if disclosed, would permit an unfair advantage to competitors. If such information must be contained in the proposal, the information shall be separated from the rest of the proposal document and must be marked as "PROPRIETARY DATA." In order for any proposal data to be returned, the cover letter to your proposal must request the return of said data.

Proposals containing information declared by the bidder to be proprietary, either in whole or in part, outside the areas listed above may be deemed non-responsive to the RFP and may be cause for rejection of the proposal.

After a contract has been awarded, CITY OF FRANKFORT shall have the right to duplicate, use or disclose all proposal data not marked "PROPRIETARY DATA" submitted by bidders in response to this RFP as a matter of public record. Although CITY OF FRANKFORT recognizes the responder's possible interest in preserving selected data which may be part of their proposal, CITY OF FRANKFORT must treat such information as provided by the Kentucky Open Records Act, KRS 61.870, et seq.

#### 12. Contract and Contract Dates

The contract period will begin January 27, 2016 and end January 26, 2017, with annual rate negotiations. The Contract may be extended for additional one (1) year periods upon written agreement of the bidder and CITY OF FRANKFORT. Said agreement must be in writing and executed prior to the expiration of the current agreement.

The contract between CITY OF FRANKFORT and the selected vendor(s) must be executed by January 27, 2016.

#### 13. Cancellation

Upon acceptance of a proposal by CITY OF FRANKFORT, the selected vendor(s) shall agree that coverage shall not be canceled prior to the anniversary date except for failure of CITY OF FRANKFORT to pay the required fees, or for other breach of contract by either party.

#### 14. Costs Incurred

Expenses for developing the proposal are entirely the responsibility of the supplier and CITY OF FRANKFORT does not and will not assume any responsibility for costs incurred.

CITY OF FRANKFORT is not obliged to order any minimum or maximum quantities of services or products and assumes no financial or other commitment related thereto.

#### 15. Right to Reject

CITY OF FRANKFORT may reject any and all proposals if deemed in the best interest of CITY OF FRANKFORT, and reject a bid of any party who has been delinquent or unfaithful in any former contract with CITY OF FRANKFORT. CITY OF FRANKFORT will be the sole judge on whether or not respondent has failed to perform or faithfully execute a previous contract or agreement. CITY OF FRANKFORT reserves the right to re-solicit information or proposals.

CITY OF FRANKFORT reserves the right to clarify and waive minor exceptions, irregularities, or errors taken by respondent in this submittal request. The respondent involved may correct these errors provided that such action will not negate fair competition and will permit proper comparative evaluations of bids submitted.

#### 16. Payment

Payment of undisputed invoices will be made within thirty (30) days of receipt of invoice.

# III. RFP TIMELINE

The evaluation and selection process schedule is as follows:

Task	Projected Completion Date
Request for Proposal Released	September 30, 2015
On-line Q & A	October 1 - 8, 2015
Q & A Responses	October 12, 2015
Supplier Response & Supporting Materials Due	October 23, 2015
Finalists Notified / Potential Presentation	December 14, 2015
Anticipated Award Announcement	January 26, 2016
Contract Issued	January 27, 2016
Target Implementation Start Date	To be determined
Target Go-live Date	To be determined

The above timetable may be changed by CITY OF FRANKFORT at its discretion.

#### IV. EVALUATION CRITERIA

#### A. Evaluation Criteria

RFP responses will be evaluated on how they meet the objectives of CITY OF FRANKFORT for outsourcing. Only Proposals submitted by suppliers with the relevant experience, qualifications and capacity to meet the needs of CITY OF FRANKFORT will be accepted. The contract will be awarded to the supplier CITY OF FRANKFORT determines in its sole judgment to be most suitable and appropriate to meet its needs. This may not be the lowest bidder.

Price and service will be based on the criteria that includes but is not limited to the following:

- The quality of supplier's response, outlining health and wellness services for CITY OF FRANKFORT (as described earlier in this RFP), and the supplier's ability to carry out its proposed implementation plan.
- Supplier's commitment to provide an experienced management team that will work well within the City's culture and can coordinate wellness efforts with the City's existing Human Resources Department.
- Supplier's ability to propose state-of-the-art technology solutions and maintain a flexible relationship and management approach that relates to and compliments "CITY OF FRANKFORT's" objectives.
- Past record and performance on contracts with the CITY OF FRANKFORT or other governmental agencies and private industry with respect to such factors as control of cost, quality of work and ability to meet scheduling.
- Familiarity with the details of the project.
- Degree of local employment to be provided by the person or firm.
- · Estimated cost of services.

Prior to contract award, CITY OF FRANKFORT may, at its sole discretion, seek clarification from any supplier regarding proposal information and may do so without notification to any other supplier.

Proposals shall contain the appropriate information necessary to evaluate based on these criteria. A committee composed of city employees as well as a citizen representative will evaluate the proposals.

#### **VI. Response Format**

In order to facilitate the equitable and timely comparison of supplier proposals, it is mandatory that the response be submitted in the following format:

#### **Table of Contents**

**Company profile** - Description of the supplier's business, including the range of products and services provided, and the number of years providing those products and services.

Organizational Structure – Management personnel and support personnel, as applicable, shall be listed with a description of assignments and responsibilities. Experience, including any experience with municipalities, a list of applicable credentials, and any other pertinent information related to proven skills and technical competence should be included. The corporate organizational structure shall be included as well, with discussion of what support will be provided to CITY OF FRANKFORT from off-site departments and employees.

**Design** - A detailed description is required from suppliers explaining how each of the service aspects requested in this RFP will be addressed.

**Reports** – Supplier must provide a sample of reporting for each service type, outlining the monthly costs, volumes, etc.

# Pricing

- Should be identified as recurring or non-recurring and be listed in USD, excluding tax.
- Potential discounts should be included where applicable and identify areas for additional cost savings or incentive.
- All price quotations should be considered as a total package even though portions may be awarded separately; please take the overall dollar volume of the contract into account when calculating pricing.

# VI. QUESTIONS CONCERNING VENDOR CAPABILITIES

#### A. Questionnaire

# **Vendor Organizational Information:**

1. Please provide contact information for the individual who would serve as the main point of contact for CITY OF FRANKFORT:

	Organizational Information
Contact Name	
Company Name	
Street Address	
City	
State	
ZIP Code	
Phone	
Fax	
Web Site	
E-mail Address	

2. Please provide a brief description of your organizations background, history, ownership and culture. Please indicate the length of time you have been providing onsite medical clinics and your ability to deploy the requested services:

3. Please describe your organization's current focus and goals for future growth relative to total population health risk management:

- 4. Please describe your compliance with HIPAA:
- 5. What is the legal and ownership structure of your organization and how long have you been in the on-site clinic business?

6.	Where is your organization headquartered and what location will serve this account?
7.	List any accreditations your organization has received (for example NCQA).
8.	Please provide verification your organization is compliant with all Federal and state laws.
9.	Please provide evidence of all required or necessary licenses.
10.	Please provide details (carrier, period limits, and deductibles) for the following insurance related coverage's related to onsite clinics and staff:  A) Property insurance B) General Liability C) Excess Liability D) Workers Compensation/Employers Liability E) Employee dishonesty/Crime coverage F) Medical Professional liability
11.	Are there any current lawsuits pending or threatened against your company in relation to providing onsite medical services? If so, please describe and provide a summary of the complaint.
12.	Describe any lawsuits and the resolution of any such suit brought against your company in the past 5 years in relation to providing onsite medical services.
13.	Have you ever been fined or sanctioned for a breach under HIPPA? Explain your process for handling a HIPPA breach.

# B. **Primary Care Service Capabilities:**

- 1. Please describe your ability to render onsite primary care needs along with your philosophy on workplace healthcare:
- 2. Please confirm the health conditions to be cared for as well as specific symptoms and signs in the primary care/clinic setting:

Program	Yes	No	Specific Symptoms, Signs, & Diagnosis
Acute Respiratory Infections			
Upper Respiratory Infections			
Pneumonia & Influenza			
COPD & Allied Conditions			
Infection of the Skin & Subcutaneous Tissue			
Inflammatory Conditions of the Skin			
Acute Musculoskeletal Conditions			
Conditions of the Circulatory System			
Conditions of the Digestive System			
Conditions of the Urinary System			
General Symptoms (Fever, Pain, Fatigue, Fainting, etc.			
Other			
,			

- 3. Does your team provide drug screenings? Both pre-employment and fit for duty drug screens?
- 4. Describe how workers compensation, occupation injury management, and other risk management are incorporated into your program.
  - a) Is your team able to work with company Safety and Ergonomics specialists to identify and rectify recurrent injuries?
  - b) Is your team able to provide seamless return to work program?
  - c) Is your team able to work with local providers?

5.	Please confirm the wellness examinations/evaluations which may be rendered in the onsite
	care/clinic setting:

Program	Yes	No	Specific Screenings Include:
Men's Health Evaluation (age 18 – 65)			
Women's Health Evaluation (age 18-65)			

4. Please confirm the vaccinations which may be rendered in the primary care/clinic setting:

Program	Yes	No	Inoculation Schedule
Flu			
GARDASIL (HPV)			
Hepatitis A			
Hepatitis B			
Menactra (Meningitis)			
MMR (Measles, Mumps, Rubella)			
PPV (Pneumonia)			
Shingles Vaccine			
Varicella			
Other			

- 6. Does your team provide primary care preventive visits? If so, what tests are covered as part of the preventive care visit?
- 7. What wellness and chronic disease management services does your team offer, on both an individual and population level?
- 8. Does your team have the ability to track and report incentives tied to participation in wellness activities connected with the clinic (e.g. annual physical participation, health risk assessment completion, tobacco use status, preventive care compliance, biometric results, etc.)
- 9. Please also list and describe the equipment necessary to provide service within the clinic environment and the associated costs if not stated within your cost structure:
- 10. What are the clinic space and equipment requirements and specifications?

an me	. Will medications be dispensed on-site? If so, please elaborate on the selection process, scope d type to be administered, as well as the cost and/or claims filing process for dispensed edications. Please also describe your ability to utilize e-prescribing and your process for Drug ilization Review.
C.	Wellness & Disease Management Capabilities:
1.	Please provide a solution overview for the following requested solutions and include individual program descriptions, differentiators, benefits, features, and functionality, and options and add-ons: Health Risk Assessment, Health Coaching, Disease and Condition Management, and Evidence Based Clinical Decision Support (Technology Portal).
2.	Please describe the foundation for and the technology leveraged to implement your Health Risk Assessment. Are you able to integrate data from alternative sources (i.e. previous Health Risk Assessments, paper based assessments, biometric screenings, etc.)?
3.	Please describe the process for and timing of updates to your Health Risk Assessment:

5.	Please describe your coaching methodology, including your philosophy, goals, and objectives. Are you able to support both onsite health coaching in the clinic setting as well other delivery modalities?
6.	How do you define engagement? What is your engagement strategy? Please provide examples of how you use this strategy to drive the highest possible utilization, positive health outcomes, and overall healthcare cost reductions?
7.	With respect to your coaching capabilities, describe how you identify members, your engagement strategy for enrollment (including success and program completion rates), and member intervention (including how many contacts a member typically has with their coach, the length of session or call, inbound versus outbound outreach). Are you able to integrate data from alternative sources to further identify coaching opportunities and potential participants (i.e. current Health Risk Assessment, Screening Results)?

8.	Please describe a typical coaching engagement as triggered through completion of your Health
	Risk Assessment/biometric screening and/or clinic visit:

8. Confirm the coaching programs and resources currently offered:

Program	In Development	Operational	Capabilities
Pre-Natal Care			
Nutrition			
Work/Family Balance			
Ergonomics			
Substance Abuse			
Stress Management			
Weight Management			
Smoking Cessation			
Blood Pressure			
Cholesterol			
Cancer			
Fitness/Physical Activity			
Self-care library			
Other:			

17. Confirm the diseases which may be addressed through disease management programming and/or by clinical staff onsite:

	In Development	Operational	Capabilities
AIDS	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Arthritis	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Asthma	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management

	In Development	Operational	Capabilities
Chronic Pain Management	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Congestive Heart Failure (CHF)	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Chronic Obstructive Pulmonary Disease (COPD)	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Coronary Artery Disease (CAD)	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management

	In Development	Operational	Capabilities
Depression/Anxiety	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Diabetes	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Hypercholesterolemia	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Hypertension	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management

	In Development	Operational	Capabilities
Low Back Pain / Musculoskeletal	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Other:	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Other:	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management
Other:	□Stand Alone □As Comorbidity	□Stand Alone □As Comorbidity	□Primary Prevention/Education □Targeted high risk education □Targeted high risk counseling □Chronic condition management □Acute episode management

D.	Program Integration, Implementation, & Deployment:
1.	Please describe the potential for clients to customize selected offerings (web interface, collateral, etc.) within your cost structure:
2.	Please explain what, if any marketing, promotional and communication tactics and materials are included in your offering? What sort of support is available for ongoing promotions, employee and spouse communications and incentive support?
3.	Please describe your ability to integrate with current Medical and Pharmacy vendors:
4.	Please describe your clinic and information technology (web-portal) security protocols. Please provide a temporary ID, password, and portal address for evaluation and test of the portal:
5.	Please provide a sample implementation and launch plan.
6.	Describe your data management and integration. Include how your company can integrate

	with the health plan/medical and RX carrier(s), employee benefits, and wellness programs. Include information about referral both from and to the carrier/TPA.
7.	Describe your philosophy regarding interacting with/referring to the medical community and communication strategies with participant's primary care physicians.
E.	Staffing:
1.	Please describe your Account Management Team. Who will be responsible for the account? Who will be the day-to-day contact? Where are these individuals located?
2.	Please describe the staffing model you are proposing and discuss the recruiting, selection, credentialing, and retention process for your clinicians (physician, nurse practitioners, physician assistants) and other medical staff:
3.	Describe your provider recruitment, credentialing, licensing, and training procedures. Please include a description of on-going credentialing procedures.  A) Are clinicians employees of your company or independent contractors?  B) What staffing model (types and quantity of clinicians) would you propose for the City of Frankfort?  C) Would the City of Frankfort be involved in the clinician selection process prior to assignment?
4.	Describe your electronic medical record system, including how data is managed, monitored

	and reported.  A) Does your EMR (or other tool) offer data mining or predictive modeling capabilities? If yes, please explain.
5.	Describe your HIPAA compliance program as well as compliance with other federal/state regulations.
F.	Business Continuity, Risk, & Quality Management:
1.	Please discuss your quality management process to include clinical oversight, patient feedback, and external accreditation. Also, describe your process for evaluation of client (employee) satisfaction:
2.	Please describe your risk management plans and policies :
G.	Consumer Resources:
1.	Please confirm <u>and provide examples of each type</u> of consumer resource provided to clients:

	v	If Y	es,	
	Yes No	Monthly	Quarterly	Annuall y
Risk Reduction/Lifestyle Behavior Change				
Computer Based Programs (Please list)				
Consumer Web Platform (Please describe)				
Online personal health account information				
Online connection to physician, disease management, and/or case management through warm/cold transfer				

2. Confirm <u>and provide examples of each type of report you provide clients</u>. Please also describe any and all capabilities which allow clients to generate reports independently:

				If Yes,	
	Yes	No	Monthly	Quarterly	Annually
Participant Penetration					
Participants by disease (self-reported)					
Participant Satisfaction					
Client Satisfaction					
Claims Savings – Medical Only					
Claims Savings – Rx Only					

				If Yes,	
	Yes	No	Monthly	Quarterly	Annually
Claims Savings – Diagnosis Specific					
Claims Savings – Total					
Quality of Life					
Risk Reduction					
Functional Capacity					
Participation frequency - % of recommended contacts per enrollee					
Outreach Success to Attract High Risk					
Other:					

## H. <u>Program Measurement & Evaluation:</u>

1. How do you measure the efficacy of your programs? What metrics do you use to gage your compliance with your clients' expectations? How is this information reported?

2. Leveraging the medical claims included with this Request for Proposal, please provide insight into the following performance metrics:

Key Performance Indicators	
Savings relative to more appropriate utilization management	
Savings relative to direct costs	

Savings relative to indirect Costs
Annual savings relative to total claims paid and medical trend
Return on Investment

3. Please detail how often you review data to measure program impact and savings, and provide your ROI for the most recent reporting period by client size as listed below:

	Ratio
300 – 1,000 employees and dependents	

4. Please provide a description of the methodology and formula used to report outcomes in the following areas:

	Method
Financial (i.e., ROI, savings, etc.)	
Clinical (i.e. clinical outcomes, etc.)	
Utilization (educational, coaching	
services)	
Member satisfaction	
Productivity impact	

5. Describe how your company will demonstrate improvements in the health of participants in your program over time, both individually and population wide. What metrics are tracked and how often will they be presented to the City of Frankfort?

6. Do you conduct satisfaction surveys with employees? If so, please provide a sample and share results.

I. Cost and Predicted ROI of Quoted Service Model:

Please provide a detailed program quote for all services requested to include your pricing model and considerations for support and maintenance as well as your predicted ROI for the model quoted. Please also provide a sample contract to include terms and conditions. Please include set-up costs, provider rates, administrative costs and estimated lab and supply costs. Include any ala carte pricing for additional services such as population based wellness programs (i.e. health risk assessments, wellness seminars, tobacco cessation programs, weight management, etc.

## J. Performance Guarantees:

- 1. What percent of total fees will you put at risk for implementation?
- 2. What percent of total fees will you put at-risk for client satisfaction?
- 3. What percent of total fees will you put at-risk for outcomes?
- 4. What percent of fees will you put at risk for participant satisfaction?
- 5. Describe additional administrative and operational guarantees (e.g.) service guarantees that you will offer and the percent of fees which you will place at-risk

## K. References:

1. Please provide at least three (3) references. Please include the Organization's Name, Contact Name, Contact Phone, Contact Email, Contact's Role:

## Quotation Form A RFP Acceptance Form

Please confirm your willingness and ability to meet specific CITY OF FRANKFORT standards and conditions.

## Include this page in the front of your proposal.

Confirm that you:  $A = Agree \underline{without}$  deviations

D = Agree with deviations, or

N = No, do not agree.

"Agree without deviations" means you acknowledge your willingness to incorporate the standard, as worded in the confirmation, into the final contract between you and CITY OF FRANKFORT.

"Agree with deviations" means your plan deviates from the standard. Provide a <u>brief</u> explanation of your plan deviation. If acceptable to CITY OF FRANKFORT, the modified standard will be incorporated into the final contract.

"No" means this standard will not be incorporated into the final contract. Provide a <u>brief</u> explanation as to why you cannot or will not accommodate the standard.

		Α	D	N
1.	The proposed effective date is to be determined.			
2.	The quoted fees are not subject to change prior to 1/1/2017			
3.	Your company will provide onsite Primary Care & Preventive Care in a clinic setting provided by a physician or a mid-level professional (nurse practitioner or physician assistant).			
4.	Your company will offer wellness program to include Health Risk Assessment (both online and paper format) and health coaching/education, ongoing promotion and biometric screenings.			
5.	Your company will offer Consumer and Clinical Decision Support through web-based tools and information systems that follow evidence-based medicine guidelines.			
6.	Your company will provide electronic medical record system.			
7.	Fixed-fee pricing is provided. The only variable expense will be cost of biometric screening and cost of medications.			

Your company must demonstrate a strong focus on behavior-based coaching capabilities to drive measurable risk factor reduction.			
	Α	D	N
9. Your implementation team must be the same team responsible for ongoing account management to ensure client satisfaction and continuity.			
10. Your proposal does not include minimum participation requirements.			
11. Do you agree to include all provisions outlined in Section IV (General Instructions for Completing Proposal) under the heading Contract and Contract Dates in the contract you issue to CITY OF FRANKFORT? If not, specify those provisions you are unwilling to provide.			
12. You will have a contract incorporating all of the provisions outlined in Section IV (General Instructions for Completing Proposal) under the heading <i>Contract and Contract Date</i> to CITY OF FRANKFORT by January 26, 2016.			

# RFP Attachments:

Medical Utilization Reports for employees Top 100 Drug Report Health Smart Plan Summary 2015

VII.	CONTRACT AGREEMENT	
	The successful bidder shall sign	the Agreement set forth below.
	This contract made and entered ity of Frankfort, Kentucky, First Pand Party.	into this day of, 2016, between rty, and,
W	TITNESSETH:	
Seconthe C Adminispecifurthe Quota Contr	nd Party as set forth in Second Paity of Frankfort, Second party agrenistration and Operation of an Onstications set forth in the City of Fract agrees that Sections I, II, III, IV, ation Form A of said Invitation for Eact as if fully set forth herein.	ment by the City of Frankfort of the amounts due rty's successful bid, which has been accepted by ses to provide the City of Frankfort with the Site Health Clinic, in accordance with the nkfort's Invitation for Bids, Bid # FH-001 and V and VI and the proposed price set forth in Bids are incorporated by reference as terms of this st agree in writing to any revisions, additions or
		First Party: City Of Frankfort, Kentucky
		Ву:
		Title:
		Second Party:
		By:

Title: